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MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Graham</u> State <u>ARIZONA</u>		State File No. <u>94</u>	
Township <u>Pima</u> City <u>Pima</u>				or Village		Registered No. <u>69</u>	
Length of residence in city or town where death occurred <u>4</u> yrs. <u>1</u> mos. <u>0</u> ds.				(If death occurred in a hospital or institution, give its NAME, street and number)		Ward	
2. FULL NAME <u>Milton Scott Dodge</u>				How long in U. S. if of foreign birth? <u>18</u> yrs. <u>0</u> mos. <u>0</u> ds.			
(a) Residence: No. <u>Pima</u> <u>Arizona</u>				How long in State when death occurred? <u>18</u> yrs. <u>0</u> mos. <u>0</u> ds.			
(Usual place of abode)				St. <u></u> Ward <u></u>		(If non-resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Single</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u></u>							
6. DATE OF BIRTH (month, day, and year) <u>7/7/1922</u>							
7. AGE		Years <u>12</u>	Months <u>7</u>	Days <u>23</u>	If LESS than 1 day, <u></u> hrs. or <u></u> min.		
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.							
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u></u>					
12. BIRTHPLACE (city or town) (state or country) <u>Spadara California</u>							
13. NAME <u>Milton Dodge</u>							
14. BIRTHPLACE (city or town) (State or country) <u>Pima Arizona</u>							
15. MAIDEN NAME <u>Fannie Carlson</u>							
16. BIRTHPLACE (city or town) (State or country) <u>Pima Arizona</u>							
17. INFORMANT <u>H. A. Lewis</u>							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Buried</u>		Date <u>7/25</u> , 19 <u>34</u>					
19. UNDERTAKER <u>W. C. Rawson</u>							
(Address) <u>Jefferson</u>							
20. Filed <u>Aug 8 1934</u>		Registrar <u>J. H. Stratton</u>					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>July 23, 1934</u>							
22. I HEREBY CERTIFY that I attended deceased from <u>7/23/34</u> to <u>7/23/34</u>							
I last saw him alive on <u>7/23/34</u> ; death is said to have occurred on the date stated above, at <u>10</u> a.m.							
The principal cause of death and related causes of importance were as follows: <u>a horse fell on him causing instant death</u> <u>hurt in boy's horse race at Pima, Arizona</u>							
Other contributory causes of importance: <u></u>							
Name of operation <u></u> Date of <u></u>							
What test confirmed diagnosis? <u></u> Was there an autopsy? <u>Yes</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide <u>acc</u> Date of injury <u>July 23, 1934</u>							
Where did injury occur? <u>Ball park Pima</u> (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place. <u>Public place</u>							
Manner of injury <u>Crushed by horse</u>							
Nature of injury <u>Crushed</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>							
If so, specify <u>O. H. Brandon</u> M. D. (Signed) <u>Pima, Arizona</u> (Address)							

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Back of Certificate to be used for any Additional Information